

**Application Data Sheet**

**Application Information**

Application Type::	National Phase
Subject Matter::	Utility
<b>Suggested Classification::</b>	<b>424/443</b>
<b>Suggested Group Art Unit::</b>	<b>1615</b>
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	None
Title::	ELASTIC BANDAGE SEGMENT
Attorney Docket Number::	512100-2059
Request for Early Publication?::	No
Request for Non-Publication?::	No
Number of Drawings::	7
Total Drawing Sheets::	1
Small Entity::	No
Petition included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information (repeat as needed)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Gerd
Middle Name::	
Family Name::	Ritzdorf

Name Suffix::  
City of Residence:: Hammerstein  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Hauptstr. 46  
City of mailing address:: Hammerstein  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: 56598

**Applicant Information (repeat as needed)**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:  
Family Name:: Hill  
Name Suffix::  
City of Residence:: Neuwied  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Am Moogsberg 2 A  
City of mailing address:: Neuwied  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: 56567

**Correspondence Information**

Correspondence Customer Number:: 20999

**Representative Information (add names as necessary)**

Representative Customer Number:	20999
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/002451	3/9/2005

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102004012442.6	3/13/2004	Yes

**Assignee Information**

Assignee Name:: LTS Lohmann Therapie-Systeme AG

Street of mailing address::

City of mailing address:: Andemach

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 56626